



# The Maritime Foundation of Toledo

1 Maritime Plaza, Toledo, OH 43604  
Phone: 419-244-9999 Fax: 419-244-9898  
Website: [www.themaritimefoundation.us](http://www.themaritimefoundation.us)  
Email: [info@maritimeacademy.us](mailto:info@maritimeacademy.us)

## CRUISE SHIP PROFESSIONAL DEVELOPMENT STCW BASIC SAFETY TRAINING ADULT EDUCATION APPLICATION CHECKLIST

Applicant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

THE REMAINDER OF THIS PAGE IS FOR OFFICE USE ONLY

### **PRE-INTERVIEW FORMS**

- Cover Letter
- Resume
- 3 References
- Completed Application
- Completed Financial Disclosure/Income Verification Form (if applicable)
- Completed Occupational Assessment Questionnaire
- I have read and signed the Financial Disclaimer Form on page.

### **POST INTERVIEW FORMS / TESTS (PRIOR TO ACCEPTANCE IN PROGRAM)**

- Background Check (FBI / BCI)
- Drug Test
- Medical Exam
- Swim Test
- Credit Report
- Proof of Financial Eligibility (most recent tax return and last two pay stubs if applicable)

### **CERTIFICATIONS ACHIEVED UPON SUCCESSFUL COMPLETION OF COURSES**

- Merchant Marine Certificate (MMC)
- Transportation Worker Identification Card (TWIC)
- Passport
- STCW – Basic Safety Training
- Crowd Management
- Passenger Safety
- Introduction to Cruise Ship Employment
- Safe Food Handling (for food service positions)

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## CRUISE SHIP, BASIC SAFETY TRAINING, & CROWD MANAGEMENT PROFESSIONAL DEVELOPMENT COURSE OF STUDY APPLICATION

**PERSONAL INFORMATION**

<b>FIRST NAME</b>	<b>M.I.</b>	<b>LAST NAME</b>	<b>MAIDEN</b>
<b>ADDRESS</b>	<b>CITY</b>	<b>ST</b>	<b>ZIP</b>
<b>SOCIAL SECURITY NUMBER</b> -----	<b>HOME PHONE</b>		<b>CELL PHONE</b>

**DATE OF BIRTH:** \_\_\_\_\_ **Are you at least 21 years old?**     Yes     No

**IN CASE OF EMERGENCY CONTACT**

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

**EDUCATION**

SCHOOL ATTENDED	NAME & LOCATION	DEGREE	MAJOR	YEARS ATTENDED
<b>HIGH SCHOOL</b>				
<b>COLLEGE / UNIVERSITY</b>				
<b>OTHER</b>				

**MILITARY SERVICE**

BRANCH	DUTIES	START DATE	END DATE	TYPE OF DISCHARGE

**CRUISE SHIP, BASIC SAFETY TRAINING, & CROWD MANAGEMENT  
PROFESSIONAL DEVELOPMENT COURSE OF STUDY**

**WORK HISTORY (most current first)**

EMPLOYER	LOCATION & TELEPHONE	FROM	TO	JOB TITLE

**RELATED EXPERIENCE (Please list additional qualification, special training, certifications)**


**Current Employment Status:**       Unemployed       Employed

**If Employed complete the following:**

**Check All That Apply**

Employer # 1 (check one)

Temporary       Part Time       Full Time

Employer # 2 (check one)

Temporary       Part Time       Full Time

Employer # 3 (check one)

Temporary       Part Time       Full Time

**REFERENCES Please provide a minimum of 3 references**

NAME & ADDRESS	RELATIONSHIP	TELEPHONE	E-MAIL	YEARS KNOWN

**RECORD THE NUMBER OF YEARS OF WORK EXPERIENCE YOU HAVE HAD IN THE FOLLOWING JOB/CAREER AREAS**

# years		# Years		# Years	
	Accounting		Crew Purser		Hotel / Motel Admin. Mgmt
	Administration		Cruise Director		Human Res. Mgmt. /Personnel Admin.
	Apprentice Deck Officer		Customer Service Mgmt.		iLounge Mgr, (Internet Cafe Mgr.)
	Asst. Chief Housekeeper		Doctor		Interactive TV Specialist
	Asst. Cook		Electrician		International Host/ess
	Assoc. Food & Beverage Manager		Engineer		Inventory Manager
	Assoc. Hotel Director (GM)		Entertainer / Performer		Nurse
	Audio/Visual Manager		Environmental Officer		Onboard Marketing / Public Relations
	Audio/Visual Operator		Executive Chef		Restaurant / Food Service Mgmt.
	Bar Manager		Executive Sous Chef		Sen. Asst. Chief Housekeeper
	Broadcast Operator		Food & Beverage Mgmt.		Shore Excursion Staff
	Business Operations Specialist		Financial Controller		Sommelier (Wine Steward)
	Chef de Partie		Guest Relations Manager		Training & Development Manager
	Chief Housekeeper		Head Waiter		Traveling Executive Chef
	Chief Officer		Hotel Director		Other Specify:

**LIST ANY SPECIAL SKILLS, TRAINING, OR OTHER INFORMATION TO BE CONSIDERED**

<b>FINANCIAL POSITION</b>		<b>YES</b>	<b>NO</b>
1. Have you filed bankruptcy in the past seven years?			
2. Have you lost a home in foreclosure during the past seven years?			
3. Have you sold a home in a short sale during the past seven years?			
4. Are you in need of financial assistance to complete this training?			
5. If so, do you agree to complete a financial disclosure statement with income verification?			
6. Please submit your most recent tax return.			
7. If you are employed please submit your last two pay stubs if applicable.			

If you are in need of financial assistance to complete this training, please complete the following Financial Disclosure/Income Verification Form on the next page. If you do not need financial assistance, please proceed to the Occupational Assessment Questionnaire.

**DISCLAIMER --- PLEASE READ AND SIGN**

I \_\_\_\_\_ attest that all information in this application is true to the best of my knowledge.  
(Print Your Name)

I understand that any misrepresentation of the facts may result in my application being denied. I also understand that additional information may be requested by The Maritime Academy of Toledo Foundation at a later date. I understand that The Maritime Academy of Toledo Foundation may contact references, previous employers, and may conduct a background check to help determine my eligibility as an applicant for this training. I understand that this document in no way constitutes a commitment to fund any training or provide employment. I understand that all information submitted in this application, and other information gathered by The Maritime Academy of Toledo Foundation will be held in the strictest confidence.

Signature

Print Name

Date